

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | MPW | 50 | 11-25-00 |
| FORMALITY REVIEW | Zm | 927 | 01-05-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|-------|
| Final Original | 12 11 |
| 1 | 05 19 |
| 2 | 02 02 |
| 3 | ✓ ✓ |
| 4 | ✓ ✓ |
| 5 | ✓ ✓ |
| 6 | ✓ ✓ |
| 7 | ✓ ✓ |
| 8 | ✓ ✓ |
| 9 | ✓ ✓ |
| 10 | ✓ ✓ |
| 11 | ✓ ✓ |
| 12 | ✓ ✓ |
| 13 | ✓ ✓ |
| 14 | ✓ ✓ |
| 15 | ✓ 0 |
| 16 | ✓ ✓ |
| 17 | ✓ ✓ |
| 18 | ✓ ✓ |
| 19 | ✓ ✓ |
| 20 | ✓ ✓ |
| 21 | ✓ ✓ |
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| 30 | ✓ 0 |
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| 42 | ✓ ✓ |
| 43 | ✓ ✓ |
| 44 | ✓ ✓ |
| 45 | ✓ 0 |
| 46 | ✓ ✓ |
| 47 | ✓ ✓ |
| 48 | ✓ ✓ |
| 49 | ✓ ✓ |
| 50 | ✓ ✓ |

| Claim | Date |
|----------------|-------|
| Final Original | 12 11 |
| 51 | 05 19 |
| 52 | 02 02 |
| 53 | ✓ ✓ |
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| 58 | ✓ ✓ |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)